

Welcome

Client Registration Form

We at Leesville Animal Hospital want to be "your pet's choice" for total animal care! In order to provide you with the best our team has to offer, please complete this form. We thank you for giving us the opportunity to care for your pet(s)!

Owner's Name: _____

Owner's Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Significant Other/Co-owner: _____ Phone: _____

Emergency Contact, additional: _____ Phone: _____

Authorized person(s) to pick up your pet(s) in your absence: _____

Previous Veterinarian: _____

Please complete for Pets 1-3, additional may be listed on back:

Pet's Name: _____
Cat or Dog
Breed: _____
Male or Female
Spayed/Neutered: Yes No
DOB or Age: _____
Indoor or Outdoor Pet?
Medications: _____

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My signature below indicates my authorization for the veterinarian(s) to examine, prescribe for and treat my pet(s) and I assume financial responsibility for all charges incurred on behalf of my pet(s). I understand that payment is expected at time of services and a deposit may be required before treatment begins.

Signature

Date

Preferred method of payment: Cash Mastercard Visa Debit Discover

We do not accept checks or American Express.

Thank-you!